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RULE				

APPLICANTS

Tomoki Ito, Kawasaki-shi, JAPAN;
 Motoyuki Otake, Saitama-shi, JAPAN;

** CONTINUING DATA ***** NAME JD

** FOREIGN APPLICATIONS ***** YES JD

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IF REQUIRED, FOREIGN FILING LICENSE GRANTED

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Foreign Priority claimed	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no	Met after Allowance			
Verified and Acknowledged		Initials	DRAWING 34	CLAIMS 26 27	CLAIMS 3

ADDRESS

181
 MILES & STOCKBRIDGE PC
 1751 PINNACLE DRIVE
 SUITE 500
 MCLEAN , VA
 22102-3833

TITLE.

Zoom lens system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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